COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER P05,0116

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"MANAGING A CONTROL VARIABLE FOR A PRINTING SYSTEM BY MEANS OF A DATABASE"

0	the specification of which (check only one item below): is attached hereto.							
0	was filed as United States application Serial No							
	on	٦						
	and was amend	led						
	on	(if	applicable).	· ·				
⊠	was filed as PC	T international application						
	Number	PCT/EP2003/0119	59					
	On	October 28, 2003						
	and was amend	led under PCT Article 19						
I hereby state the claims, as	that I have reviev amended by any	ved and understand the conto amendment referred to above	ents of the above-identified sp	pecification, including				
I acknowledge accordance wi	the duty to disc th Title 37, Code	lose information which is ma of Federal Regulations, §1.56	aterial to the examination of δ .	this application in				
patent or inverthan the Unite patent or inverthan the United	ntor's certificate of d States of Ame ntor's certificate of	r of any PCT international aprica listed below and have a or any PCT international appica filed by me on the same s	States Code, §119 of any fore oplication(s) designating at leads of the lead o	ast one country other ligh application(s) for list one country other				
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:								
COUNTRY (if PCT indicate "PCT")		APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119				
Germany		102 50 189.0	October 28, 2002	⊠ YES □ NO				
				⊠ YES □ NO				
				□ YES □ NO				
				□YES □ NO				
TO 1391 (REV 01-8	34)	Page 1 of 4 US I	DEPARTMENT OF COMMERCE-Par	tent and Trademark Office				

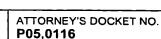
ATTORNEY'S DOCKET NO. P05,0116

Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject mater of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, Untied States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U	.S. APPLICATIONS	OR PCT INTER	NATIONAL AF	PLICATIO	NS DESIGNATING TH	U.S. FOR BENE	FIT UNDER 35	U.S.C. 120:
U.S. APPLICATIONS					STATUS (Check one)			
U.S. APPLICATION NUMBER				U.	S. FILING DATE	PATENTED	PENDING	ABANDONED
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				<u> </u>				
		PPLICATIONS	DESIGNATING PCT FILING	U.S. SERIAL NUMBERS ASSIGNED (if any)				
	PCT APPLICATION N	10	DATE					
				<u> </u>				
POWER	OF ATTORNEY: As 26574, who are all me	a named inver	ntor, I hereby a	ppoint all A	Attorneys identified by U	Inited States Pate	ent & Trademark	Office Customer
	respondence to:	embers of the Fi		III LLP				
			HIFF HARD				Direct Telepho	ne Calls to:
	6600		itent Depar er. Chicago		60606-6473		Brett A. Valiquet (312) 258-5786	
	FULL NAME OF	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	KAMMERLOCHER			Alexander			
2 0	RESIDENCE &	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITI	ZENSHIP
1	CITIZENSHIP	Zorneding POST OFFICE ADDRESS			Germany		Germany STATE & ZIP CODE	E/COUNTRY
	POST OFFICE ADDRESS	Ingelsberger Weg 36			D-85604 Zorneding		Germany	
	7.0511.200	FAMILY NAME	ger weg 36		FIRST GIVEN NAME		SECOND GIVEN N	AME
	FULL NAME OF INVENTOR	OSZWALD			Alexander			•
2 0	RESIDENCE &	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
2	CITIZENSHIP	Olching			Germany		Germany	
	POST OFFICE	JohSebBach-Straße 2			CITY		STATE & ZIP CODE	E/COUNTRY
	ADDRESS			3e 2	D-82140 Olching FIRST GIVEN NAME		Germany SECOND GIVEN NAME	
	FULL NAME OF INVENTOR	POMPE CITY München			Bernd		SECOND GIVEN NA	AME
2				STATE OR FOREIGN COUNTRY			COUNTRY OF CITIZENSHIP	
0 3	RESIDENCE & CITIZENSHIP			Germany		Germany		
	POST OFFICE	POST OFFICE ADDRESS			CITY		STATE & ZIP CODE/COUNTRY	
	ADDRESS Boschets		riederstr. 132		D-81379 München		Germany	
to be true or impriso	: and further that thes	e statements w r section 1001 o	ere made with of Title 18 of th	the knowle	are true and that all stat dge that willful false stat ates Code, and that suc	tements and the li	ke so made are p	ounishable by fine
	JRE OF INVENTOR 2		SIGNATUR	E OF INVE	NTOR 202	SIGNATURE	OF INVENTOR 2	03
DATE			DATE	TE		DATE		



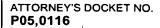
Combined Declaration For Patent Application and Power of Attorney (Continued)

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PRIOR L	J.S. APPLICATIONS	OR PCT INTER	RNATIONAL AP	PLICATIO	ONS DESIGNATING THE	U.S. FOR BENI	EFIT UNDER 35	U.S.C. 120:
U.S. APPLICATIONS						STATUS (Check one)		
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PCT APPLICATIONS DESIGNATING PCT APPLICATION NO PCT FILING DATE			U.S. SERIAL NUMBERS ASSIGNED (if any)					
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POWER Number	OF ATTORNEY: As 26574, who are all me	a named inver embers of the F	ntor, I hereby ap firm Schiff Hardi	ppoint all A	Attorneys identified by U	nited States Pate	ent & Trademark	Office Customer
Send Co	rrespondence to:	90	HIFF HARDI	IN I I D				
		Pa	atent Depart	tment			Direct Telephone Calls to: Brett A. Valiquet	
	1	Sears Tow	er, Chicago,	, Illinois 60606-6473		(312) 258-5786 SECOND GIVEN NAME		
	FULL NAME OF INVENTOR	MEDER			Thomas			, , , , ,
2	RESIDENCE &	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
0 4	CITIZENSHIP	Erding			Germany		Germany	
	POST OFFICE ADDRESS	POST OFFICE A	teinweg 14		СІТҮ D-85435 Erding		STATE & ZIP CODE	
	FULL NAME OF	FAMILY NAME			FIRST GIVEN NAME Andreas		SECOND GIVEN N	AME
	INVENTOR	SCHWAR	SCHWARZMÜLLER					
2 0	RESIDENCE &	SIDENCE & CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITI	ZENSHIP
5	CITIZENSHIP		München POST OFFICE ADDRESS		Germany		Germany STATE & ZIP CODE/COUNTRY	
	POST OFFICE ADDRESS							
	FULL NAME OF	Kaiserstraße 41 FAMILY NAME			D-80801 München FIRST GIVEN NAME		Germany SECOND GIVEN NAME	
	INVENTOR	GRAF			Waldemar			
2 0	RESIDENCE &	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
6	CITIZENSHIP	Ingolstadt POST OFFICE ADDRESS			Germany		Germany STATE & ZIP CODE/COUNTRY	
	POST OFFICE ADDRESS	Gutenbergstr. 46			D-85055 Ingolstadt		Germany	
to be true or imprise	e: and further that thes	se statements w r section 1001	vere made with t of Title 18 of the	the knowle	are true and that all state edge that willful false state tates Code, and that such	ements and the li	ike so made are p	punishable by fine
SIGNATURE OF INVENTOR 204 SIGNAT			SIGNATURE	E OF INVE	NTOR 205	SIGNATURE (OF INVENTOR 2	06
			-					

DATE



Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

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	on(s) and the national								
PRIOR L	J.S. APPLICATIONS			PLICATIO	INS DESIGNATING THE				
		U.S. APF	PLICATIONS				STATUS (Check	one)	
U.S. APPLICATION NUMBER			U.S. FILING DATE		PATENTED	PENDING	ABANDONED		
	PCT A	PPLICATIONS	DESIGNATING	THE U.S.					
	PCT APPLICATION	70	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)					
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POWER Number	OF ATTORNEY: As 26574, who are all m	a named inver embers of the F	ntor, I hereby a irm Schiff Hard	ppoint all /	Attorneys identified by U	Inited States Pate	ent & Trademark	Office Customer	
Send Co	rrespondence to:	Pa	HIFF HARD	tment	60606-6473		Direct Telepho Brett A. Valique (312) 258-5786	et	
	1	FAMILY NAME	ver, Chicago, Illinois 60606-6473			SECOND GIVEN NAME		AME	
	FULL NAME OF INVENTOR	BARDOLA	ATZY		Ulrich	TDV	COUNTRY OF CITIZENSHIP		
2 0 7	RESIDENCE & CITIZENSHIP	Poing			STATE OR FOREIGN COUN Germany		Germany		
	POST OFFICE ADDRESS	POST OFFICE A			D-85586 Poing		STATE & ZIP CODE	E/COUNTRY	
2 0 8	FULL NAME OF INVENTOR	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN N	AME	
	RESIDENCE & CITIZENSHIP	CITY			STATE OR FOREIGN COUN	TRY	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	POST OFFICE A	DDRESS		CITY		STATE & ZIP CODE/COUNTRY		
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITI	ZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS			CITY		STATE & ZIP CODI	E/COUNTRY	
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SIGNATI	URE OF INVENTOR	204	SIGNATUR	E OF INVE	NTOR 205	SIGNATURE	OF INVENTOR 2	06	
DATE			DATE	DATE			DATE		